DOCUMENT RESUME

ED 261 285 CG 018 483

AUTHOR Levy, Leon H.; And Others
TITLE Aspects of Perceived Personal Competence in Older Adults and Their Relation to Mood and Morale.
PUB DATE Mar 85
NOTE 12p.; Paper presented at the Annual Meeting of the Eastern Psychological Association (Boston, MA, March 21-24, 1985).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Cognitive Ability; *Competence; Evaluative Thinking; Individual Differences; *Interpersonal Competence; *Older Adults; Perception; Psychological Patterns; Self Concept; *Self Evaluation (Individuals); *Well Being

ABSTRACT

Research suggests that the perception of personal competence may account for a significant portion of the variance in individual physical and psychological well-being. Yet to be investigated is how people arrive at judgments of their competence, the structure of personal competence perception represented by these judgments, and the relation of the various elements of this structure to physical and psychological well-being in older adults. To examine these issues, three parallel forms of a questionnaire were constructed, each representing one of three judgment perspectives (self-anchored, comparable age peer, generalized other). The questionnaire assessing perceived cognitive competence and social/emotional competence was administered to 19 older adults. Subjects also completed the Revised Philadelphia Geriatric Morale Scale, the Profile of Mood States, the Health Status Interview, the Hassles Scales, and the Social Support Questionnaire. Product-moment correlations between self-anchored, ipsative judgments of competence and normative judgments, based on either the age peer or generalized other standard, suggest that they are relatively independent of each other. It appears that participants were responding differentially in reporting their competence judgments, depending upon whether they had been instructed to take an ipsative or a normative approach. Overall, the findings suggest that both cognitive and social/emotional competence, and all three judgment perspectives, may play important roles in affecting the well-being of older adults. (NRB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED261285

Aspects of Perceived Personal Competence in Older Adults and Their Relation to Mood and Morale

Leon H. Levy, Mark Davis, Joyce LiBethe, Valerie Masten, Corinne Norton, and Rita Selman

University of Maryland Baltimore County

CG018483

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☒ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Leon H. Levy

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Paper presented at the Annual Meeting of the Eastern Psychological Association, Boston, MA, March 21-24, 1985.

Aspects of Perceived Personal Competence in Older Adults and Their Relation to Mood and Morale

Leon H. Levy, Mark Davis, Joyce LiBethe, Valerie Masten,
Corinne Norton, and Rita Selman
University of Maryland Baltimore County

Recent research on a number of related constructs, including self-efficacy (Bandura, 1982), learned helplessness (Abramson, Seligman, & Teasdale, 1978), locus of control (Rotter, Chance, & Phares, 1972), and choice and perceived control (Rodin, 1980) suggest that the perception of personal competence may account for a significant portion of the variance in individual physical and psychological well-being. The key role of perceived competence in psychological well-being is also suggested by its emergence as one of the three dominant factors in Bryant and Veroff's (1982) factor analysis of two nationwide surveys of U.S. adults concerning their own well-being. Finally, studies by Rodin (1977), Rodin and Langer (1977), Schulz (1976), and Zarit (1981) further suggest that the enhancement of older adults' perceived personal competence may lead to enhanced physical and psychological well-being, as indexed by a variety of measures, including mortality. Yet to be investigated, however, is how people arrive at judgments of their competence, the structure of personal competence perception represented by these judgments, and the relation of the various elements of this structure to

---

Presented at the annual meeting of the Eastern Psychological Association, March 21-24, 1985.

physical and psychological well-being in older adults. This paper will present the results of a pilot study concerned with these issues.

The present study addresses two sets of questions. The first concerns the standards or perspectives older adults adopt in making judgments of their competence. On what bases do older adults arrive at judgments of their competence? If we accept the assumption that such judgments are necessarily comparative in nature, then the question becomes what standards of comparison the elderly use in making competence judgments. Two possibilities suggest themselves. The first is a self-anchored standard, in which current functioning is compared with one's own peak level of functioning. This represents an ipsative approach and yields a change judgment reflecting degree of deterioration. The second possibility is the adoption of a normative approach in which current level of functioning is compared with either that of one's age peers or that of the generalized other, yielding a difference judgment reflecting relative degree of superiority or inferiority.

The second set of questions concerns the relative importance of the different realms of personal competence for the well-being of the elderly. In the present study, we distinguish between two realms of personal competence. These are cognitive competence, including memory functioning, learning ability, and problem-solving, and social/emotional competence, including interpersonal skills and the ability to express and deal with both positive and negative emotions. Thus, our questions concern how judgments of personal competence from each of the three judgment perspectives--self-anchored, age peer, and generalized other--in each of these two realms of competence relate to each other and to measures of physical and psychological well-being. Our

expectation is that answers to these questions will contribute to our understanding of the nature of personal competence perception in the elderly and its relation to physical and psychological well-being. Ultimately, this understanding should also provide the basis for the development of intervention programs for the elderly aimed at mitigating the consequences of untoward perceptions of personal competence.

Method

The participants in this study were 19 community-dwelling older adults--4 men and 15 women--ranging in age from 62 to 82, with the exception of one who was 55. Their mean age was 72.7. All were participants in one or more programs sponsored by the local county office on aging, from which permission to conduct the study was obtained. Individual, signed informed consent forms were obtained from all participants.

To measure competence perception in the two realms, three parallel forms of a questionnaire were rationally constructed, each representing one of the three judgment perspectives. The questionnaire consisted of 21 items, five designed to assess perceived cognitive competence, 15 concerned with social/emotional competence, divided equally between items dealing with sociability, assertiveness and emotionality, and a final item concerned with overall, general coping ability. Responses to this last item were not included in the scoring used for the present data analyses.

The following is an example of an item from the self-anchored form, dealing with cognitive competence: "At what age would you say that your memory was at its best? _____ Now, if we let 100 represent your memory ability when it was at its best at age _____, on a scale from zero to 100, how

would rate your memory now? _____. The comparable age peer and generalized other items asked the person to use a 100-point scale to rate his/her memory in comparison to "other people your own age," and to "most other people," respectively, letting 50 stand for their average memory ability. Instructions for the self-anchored form emphasized use of the whole scale, explaining that if the person felt that his memory was at its best right now, he would rate his present ability 100, etc. Instructions for the two normative forms first noted their difference from the ipsative form and then explained the use of their scales.

The dependent variable of psychological well-being is an obviously multidimensional construct. In this study, we chose to represent it by the Revised Philadelphia Geriatric Morale Scale (PGC Morale Scale) (Lawton, 1975), which yields scores for three factors--Agitation, Attitude Toward Own Aging, and Lonely Dissatisfaction, and the Profile of Mood States (POMS) (McNair, Lorr, & Droppleman, 1981), which yields scores on six primary mood factors--Tension-Anxiety, Anger-Hostility, Vigor-Activity, Fatigue-Inertia, Depression-Dejection, and Confusion-Bewilderment. The Brief Symptom Inventory (BSI) (Derogatis & Spencer, 1982) was also administered, but will not be reported on here since it was intended only as a quick screen for serious psychopathology, and none was found in this sample.

Physical well-being was assessed by means of the Health Status Interview (HSI), a slightly modified version of a questionnaire developed by the Human Population Laboratory of the California Department of Public Health (Belloc, Breslow, & Hochstine, 1971). The HSI yields a single score ranging from one to seven, which takes into account ability to perform certain basic daily

activities, presence of one or more chronic conditions, one or more symptoms, and subjective rating of general energy level. The higher the score, the better the individual's level of health.

Since any understanding of the relation between competence perception and well-being must take into account both the environmental demands made on the individual as well as the level of support available in meeting these demands, we also administered the Hassles Scale developed by Kanner et al. (1981) and Sarason et al.'s (1983) Social Support Questionnaire.

All measures, including others not reported on here, were administered individually in an interview format, usually in two sessions, in the participants' homes.

Results and Discussion

Product-moment correlations between self-anchored, ipsative judgments of competence and normative judgments based on either the age peer or generalized other standard suggest that they are relatively independent of each other. Only one of the four correlations between ipsative and normative judgments was significant. This was a correlation of .54 ($p < .05$) between self-anchored and age peer based judgments of social/emotional competence. On the other hand, correlations of .78 and .94, both significant beyond the .01 level, were obtained between the two normatively based judgments of cognitive and of social/emotional competence, respectively. This pattern of correlations suggests that the participants were responding differentially in reporting their competence judgments, depending upon whether they had been instructed to take an ipsative or a normative approach.

When we accrue a much larger sample, we plan to pursue the question of realms of competence perception more thoroughly through factor analysis. For the present, however, it appears that the participants were clearly distinguishing between the two realms of cognitive and social/emotional competence. Correlations between their ratings of cognitive and social/emotional competence were -.01 for the self-anchored standard, .13 for the age peer, and .32 for the generalized other standard. Of particular interest is the further finding that, within each of the three judgment perspectives, participants rated their social/emotional competence significantly higher than their cognitive competence, as assessed by the Wilcoxon matched-pairs signed ranks test. This latter finding, perhaps, is not too surprising since it is about their cognitive functioning that elderly persons are most often concerned.

Hierarchical multiple regression analyses were conducted to assess the importance of competence perception for psychological and physical well-being. Separate analyses were conducted from each of the three competence judgment perspectives for each of the PGC Morale Scale and POMS factor scores and for the overall score for the Health Status Interview. In each case, Hassles scores and Social Support scores were entered first so that we could determine how much of the remaining variance could be accounted for by competence perception.

Competence perception was found to make statistically significant contributions to the explained variance of four of the dependent variables, with the significance of the *Fs* to enter or remove the variable ranging between .002 and .025. On the PGC Morale Scale, self-anchored judgments of

cognitive competence accounted for over 32% of the total variance in scores on Factor 2, Attitude Toward Own Aging. The zero order correlation between these two variables was .63. It is important to note here that this cannot be accounted for by content overlap, since none of the items loading on this factor explicitly referred to cognitive functioning. It included such items as "Things keep getting worse as I get older," and "I am as happy now as when I was younger."

On the POMS, generalized other based judgments of social/emotional competence accounted for 53% of the variance in scores on the Fatigue factor, and age peer based judgments of cognitive competence accounted for 49% of the variance in scores on the Confusion-Bewilderment factor. Finally, generalized other based judgments of social/emotional competence accounted for 30% of the variance in health status scores. The content of the items loading on the two POMS factors suggests that both may reflect aspects of the experience of depression. On the other hand, since the POMS Fatigue and Confusion scores correlated -.59 and -.53, respectively with health status, but were not significantly correlated with POMS Depression, it may be that they are indexing the loss of energy and debility associated with declining health, as assessed by the Health Status Interview.

Overall, our findings suggest that both realms of competence and all three judgment perspectives may play important roles in affecting the well-being of older adults. Although our sample is too small to warrant any extensive speculation, it is of interest to note that in the two cases where social/emotional competence perception accounted for a significant portion of the variance, it was from the perspective of the generalized other. On the other

hand, in the two cases where cognitive competence perception was involved, it was either from a self-anchored or age peer perspective. Perhaps this is because for this age cohort social/emotional competence is viewed as inherently social and non-age dependent, while cognitive competence is inextricably linked with aging and decline.

Finally, our findings suggest that competence enhancement intervention programs intended either as primary or secondary interventions affecting the well-being of the elderly should focus on both the cognitive and social/emotional realms of competence.

References

Abramson, L. Y., Seligman, M. E. P., & Teasdale, J. D. (1978). Learned helplessness in humans: Critique and reformulation. Journal of Abnormal Psychology, 87, 49-74.

Bandura, A. (1982). Self-efficacy mechanism in human agency. American Psychologist, 37, 122-147.

Belloc, N. B., Breslow, L., & Hochstim, J. R. (1971). Measurement of physical health in a general population survey. American Journal of Epidemiology, 93, 328-336.

Derogatis, L. R., & Spencer, P. M. (1982). The Brief Symptom Inventory (BSI: Administration, scoring, and procedures manual - I. Baltimore: Clinical Psychometric Research.

Kanner, A. D., Coyne, J. C., Schaefer, C., & Lazarus, R. S. (1981). Comparison of two modes of stress measurement: Daily hassles and uplists versus major life events. Journal of Behavioral Medicine, 4, 1-39.

Lawton, M. P. (1975). The Philadelphia Geriatric Center morale scale: A revision. Journal of Gerontology, 30, 85-89.

McNair, D. M., Lorr, M., & Droppleman, L. F. (1981). Profile of mood states. Manual. San Diego: Educational and Industrial Testing Service.

Rodin, J. (1980). Managing the stress of aging: The role of control and coping. In S. Levine & H. Ursin (Eds.), Coping and health. New York: Plenum.

Rodin, J., & Langer, E. J. (1977, 1978). Long-term effects of a control-relevant intervention with the institutionalized aged. Journal of Personality and Social Psychology, 35, 897-902. Erratums to Rodin and Langer. Journal of Personality and Social Psychology, 36, 462.

Rotter, J. B., Chance, J. E., & Phares, E. J. (1972). Applications of a social learning theory of personality. New York: Holt, Rinehart & Winston.

Sarason, I. G., Levine, H. M., Basham, R. B., & Sarason, B. R. (1983). Assessing social support: The social support questionnaire. Journal of Personality and Social Psychology, 44, 127-139.

Schulz, R. (1976). The effects of control and predictability on the psychological and physical well-being of the institutionalized aged. Journal of Personality and Social Psychology, 33, 563-573.

Zarit, S. H., Gallagher, D., & Kramer, N. (1981). Memory training in the community aged: Effects on depression, memory complaint, and memory performance. Educational Gerontology, 6, 11-27.